PROVINCE OF SASKATCHEWAN

11-12

ANNUAL REPORT

EHEALTH SASKATCHEWAN

A Treasury Board Crown
Corporation

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This annual report is also available online from the Ministry of Health website at **www.health.gov.sk.ca/health-annual-reports**

Letters of Transmittal - Minister

Regina, Saskatchewan

July 31, 2012

Her Honour, the Honourable Vaughn Solomon Schofield,

Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2012, including the financial statements duly certified by auditors for the Corporation in accordance with *The Crown Corporations Act, 1993*.

Dustin Duncan

Minister of Health

Letters of Transmittal - CEO

July 31, 2012

The Honourable Dustin Duncan

Minister of Health

May it Please Your Honour:

I have the honour of submitting the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2012.

As CEO, I take responsibility for public accountability seriously and have made every effort to ensure the information and content of the 2011-12 Annual Report is as accurate as possible.

Susan Antosh

Chief Executive Officer
eHealth Saskatchewan

Message from the CEO

I was pleased to come on board as the Chief Executive Officer of eHealth Saskatchewan on January 1, 2012.

This was an exciting year for eHealth as it continued to build on the previous work to transition to a Treasury Board Crown Corporation. eHealth Saskatchewan plays a large role in delivering on Government's commitment to provide innovative ways to improve the way healthcare services are delivered.

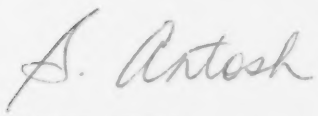
In 2011-12 we continued to build capacity in the internal structure and organization of eHealth to support the work of advancing the electronic health record system. This is being done through strategic investment for the procurement, development, and implementation of an Electronic Health Record (EHR) for all the residents of Saskatchewan.

Some highlights as of March 31, 2012 include:

- Implemented the Picture Archiving Communication System (PACS) in seven communities and in the Saskatoon Breast Screening office.
- Implemented the Radiology Information System and PACS in five facilities.
- Began extensive detailed planning for the ambitious Pan-Canadian Electronic Public Health Surveillance Project (PANORAMA).
- Expanded the Saskatchewan Laboratory Results Repository (SLRR) to many new locations; now representing approximately 85% of all lab results in the province.
- Created a system to enable new residents to the province to apply online for their Saskatchewan Health Services card.
- Piloted the eHealth Portal to allow direct viewing of lab results and other available tests by authorized health care providers.

Vital work continued to manage the data systems, to manage the electronic connections for individual health care providers, and to ensure privacy and security of all personal data entrusted to the health information management systems.

I want to thank all our partners and stakeholders for their great work. I also want to thank the people at eHealth for their commitment and the role they played in making this a productive year. So much foundational work has been done, and I look forward to an exciting year as we continue to progress toward our ultimate goal of supporting the highest quality patient care experience through One Patient-One Record.



Susan Antosh

Chief Executive Officer
eHealth Saskatchewan

Message from the Board Chair

During the 2011-12 fiscal year the recently created Treasury Board Crown Corporation eHealth Saskatchewan (eHealth) has continued to build, both organizationally and operationally to establish the Electronic Health Record for the province of Saskatchewan.

The work of eHealth Saskatchewan is foundational to support the success of government's commitment to a health system that provides *Better Health, Better Care,* and *Better Value* for Saskatchewan residents.

The eHealth Saskatchewan Board has identified goals that align with efforts to transform the health care system while continuing to put the *Patient First.*

eHealth is providing key supports to the Ministry of Health as it leads a new integrated planning process and management approach used to deploy strategic priorities throughout an organization and system.

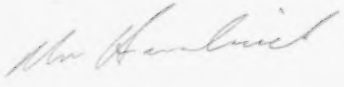
Better Health – eHealth is playing a leadership role in incorporating technology to make improvements in patient care and system performance. Some of the key initiatives include strengthening patient-centred primary health care by improving connectivity, access and chronic disease management. This will include aligning the Electronic Medical Records (EMR) strategy to support transformative change in primary health care service delivery. These connections will ultimately improve the quality of patient care through informed decision making.

Better Care – So much of the care provided by our health teams relies on timely and accurate health information to support clinical decision making and case management. eHealth will play a key role in supporting the health system priority of better care through a number of initiatives including: implementation of a common, shared healthcare information system, enhancements to the Surgical Information System to help transform the surgical experience, and an emphasis on a culture of safety for patients and staff.

Better Value – Work has begun to deploy a continuing improvement system including training and infrastructure enhancements across the health system. We will be successful when our capacity and infrastructure easily supports continuing health system improvement, the information is secure, and the value for the investment is evident and significant. The work to realize this vision is underway.

The eHealth Saskatchewan Board is in the process of revitalizing the multi-year strategic plan to better reflect patient priorities and ensure it supports the goals of *Better Health, Better Care,* and *Better Value* for all the residents of Saskatchewan. Stakeholder engagement is an integral component of the Board's approach to ensure the plan is robust, achievable, and meets the needs of our patients and clients.

I would like to take this opportunity to thank eHealth staff and all of our partners and stakeholders for their hard work and dedication to moving eHealth forward over the past year. I look forward to another great year in 2012-13.



Max Hendricks

Board Chair

Introduction

This annual report presents the Corporation's activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of eHealth Saskatchewan.

The first part of this report outlines the project and program areas of the province's developing electronic health record (EHR) and the systems that "glue" them all together.

The second part of the report tells the story of the "behind-the-scenes" electronic systems that make up the electronic network for the Ministry of Health and health stakeholders in the province, including the health regions.

The final section of the report reflects the financial position of eHealth Saskatchewan.

Alignment with Government's Direction

eHealth Saskatchewan's 2011-12 Annual Report aligns with Government's vision and goals.

Our Government's Vision

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

Government's Goals

- **Sustain economic growth** for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.
- **Secure Saskatchewan** as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.
- **Keep Government's promises** and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Together, all ministries and agencies support the achievement of Government's three goals, and work towards a secure and prosperous Saskatchewan.

Saskatchewan's eHealth projects improve patient care by providing better access to better and timelier information for decision-making at the point of care. eHealth Saskatchewan supports our Minister's mandate of moving towards a patient and family-centered health care system by implementing the recommendations from the Patient First Review (http://www.health.gov.sk.ca/patient-first-review) related to functional eHealth care.

Overview

The Saskatchewan Health Information Network (SHIN) was created as a Treasury Board Crown Corporation in 1997 and is accountable to Cabinet through the Minister of Health. Legislative authority is provided by *The Crown Corporations Act, 1993*.

Order in Council 734/2010 renamed SHIN to eHealth Saskatchewan, appointed additional members to the board of directors and updated eHealth Saskatchewan's mandate (details included in the mandate section below).

The eHealth Saskatchewan Board of Directors includes leaders from the health sector, the business community, and the general public to provide the strategic direction and oversight of the corporation charged with building and operating the electronic health record. Board members are:

- Max Hendricks, Associate Deputy Minister of Health – Chair
- David Fan, CEO Prairie North Health Region – Vice Chair
- Dr. Milo Fink, Physiatrist
- Scott Livingstone, CEO Saskatchewan Cancer Agency
- Duane Mombourquette, Executive Director Access and Privacy Branch, Ministry of Justice
- Jim Rhode, Businessman

The eHealth Saskatchewan organization chart can be found in Appendix I. eHealth Saskatchewan is currently undergoing organizational change. The revised organizational structure will be reflected in the 2012-13 annual report.

eHealth Saskatchewan contributes to an efficient, effective, and sustainable health system by planning and building a provincial EHR and supportive infrastructure which ensures:

- residents' health information is accessible to health care providers regardless of the location where residents seek care;
- an enhanced quality of patient care by supporting health professionals' decision-making through improved access to the information they require;
- a safer work environment for health system employees; and,
- a more dynamic environment to recruit and retain recent graduates into the Saskatchewan health system by implementing up-to-date technology.

eHealth Saskatchewan's key partners are:

- patients;
- the Ministry of Health;
- regional health authorities;
- Saskatchewan Cancer Agency;
- the Saskatchewan Medical Association;
- organizations representing health care professionals and health providers;
- Saskatchewan information technology contracting companies; and,
- eHealth software solution companies.

Mandate

The key roles of eHealth Saskatchewan are:

- to lead Saskatchewan electronic health record (EHR) planning and strategy;
- to procure, implement, own, operate and manage the Saskatchewan EHR including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information;
- where appropriate to procure, implement, own, operate, and manage other health information systems;
- to deliver an EHR for Saskatchewan citizens;

Overview

- to establish the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure;
- to provide data stewardship for the EHR and, where appropriate, of health information systems including the following:
  - administering the rules for EHR data collection, use and disclosure; and,
  - establishing and administering provincial standards to protect the quality, confidentiality and security of EHR data.

Mission and Values

Through a collaborative effort, eHealth Saskatchewan ensures health professionals have secure access to the right information, at the right time and place.

Mission

- enhance the quality of patient care by supporting health professionals' decision-making at the point of care through improved access to the information they require;
- improve the patient experience by supporting improved coordination between service delivery care providers. Provide high levels of security and privacy safeguards to support the exchange of information between care providers;
- improve overall efficiency, effectiveness, and sustainability of the health sector through the innovative use of technology; and,
- inform health system decision-making by providing the necessary information base to support planning, outcome measurements, accountability, and research.

Values

We believe in:

- excellence through innovation, creativity, continuous learning, and recognition of achievements;
- honesty, integrity, openness, and respect for our relationships;
- collaboration and teamwork;
- actions which are client-centered and results-oriented;
- security of information and privacy of individuals;
- equitable access to information for our customers; and,
- fostering development of information technology in the Saskatchewan health care sector.

Progress in 2011 - 12

Health Sector Priorities

eHealth Saskatchewan provides strategic leadership and project management support to define, coordinate, and implement health information technology solutions.

Tools developed by eHealth Saskatchewan respond to the priorities and plans of the Ministry of Health, regional health authorities, and other stakeholders.

Regional health authorities have identified the following health sector priorities:

- point of service clinical applications;
- communicable disease management;
- continued roll-out of Integrated Clinical Systems;
- data quality, reporting, and decision support;
- diagnostic imaging;
- improved prescribing and patient safety;
- primary health care;
- provincial registries and systems;
- the Saskatchewan Surgical Care Network;
- Telehealth and video conferencing;
- physician electronic medical records;
- lab results;
- complete medication information; and,
- outbreak management and immunization.

The Interoperable Electronic Health Record - Progress by Core Business Area

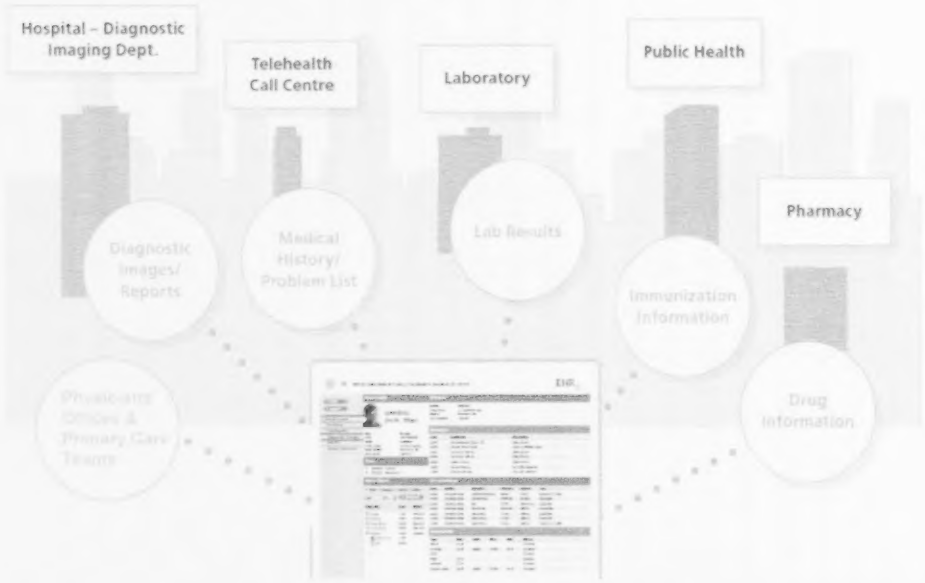
An interoperable EHR provides a secure and private lifetime record of an individual's key health history and care. It provides a longitudinal "cradle to grave" view of clinically relevant information.

Repositories combine with registries and point of service systems to create the EHR. (Figure 1)

The EHR has three parts:

1. provincial data repositories;
2. provincial registries and access layer (the glue that holds the EHR components together); and,
3. provider systems (point of service systems).

Figure 1: The Integrated Electronic Health Record (EHR)



Progress in 2011 - 12

Integrated Systems

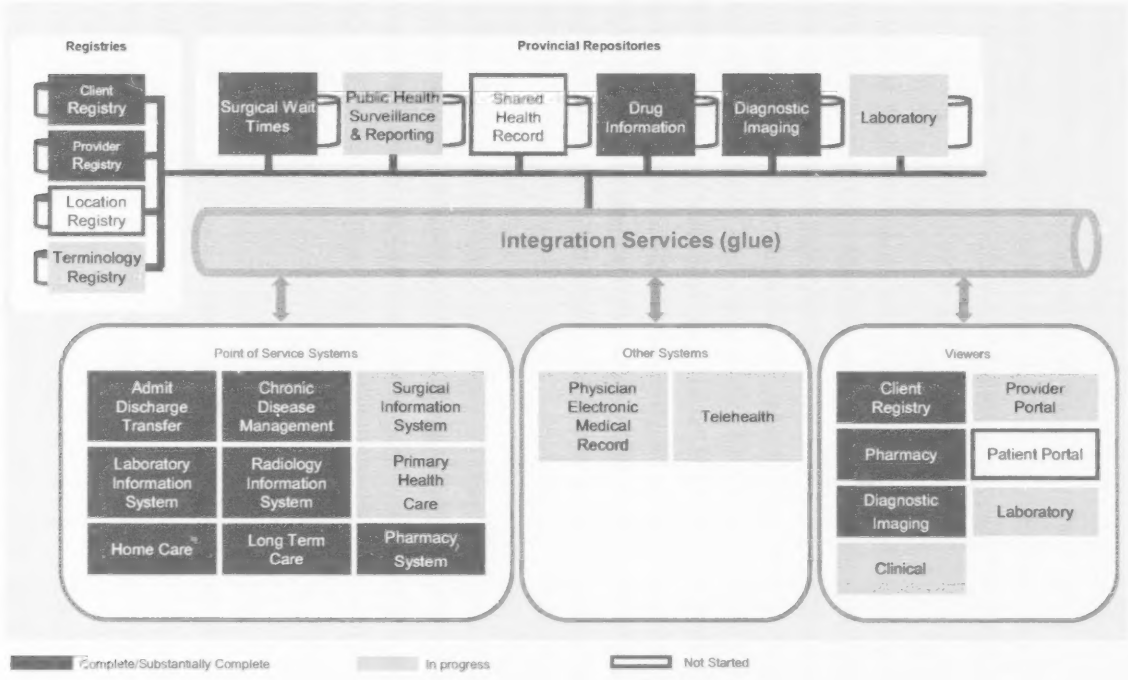
As noted above, the EHR is not one system but rather a group of systems which together securely store the health information of an individual.

By focusing efforts to date on implementing electronic solutions in tertiary and regional hospitals where approximately 80 per cent of the province's population receives care, eHealth Saskatchewan has achieved maximum effect for funding spent. While there are a large number of systems complete or in progress, integration services (the glue) that will connect these systems together to present a single view of the patient is in the early stages of development. Today this information is made available through viewers to each repository. Based on the implementation of the systems reflected in the diagram below, the provincial One Patient-One Record EHR is approximately 30 per cent complete.

The electronic distribution of laboratory results to some physician electronic medical records (EMRs), which began in 2009-10, marked the beginning of integration of health data into physician EMRs, which has continued into 2011-12.

Figure 2 below is a summary diagram of the systems currently planned, in progress or complete/substantially complete.

Figure 2: The Integrated Electronic Health Record (EHR)



Progress in 2011 - 12

Putting the Patient First

There are many ways in which components of the EHR, either completed or in progress, contribute to patient-centred care in the province. Some examples are:

- Diagnostic Imaging Repository – reduces duplication of tests and allows a specialist who may be in another location to remotely and securely review the digital image and consult with a local physician regarding a treatment plan;
- Drug Information Repository – identifies duplicate prescriptions and drug interactions before a prescription is filled and is currently being used for medical reconciliation upon admission;
- Clinical Viewer – now operational in Regina Qu'Appelle, Sunrise, Saskatoon, and Prince Albert Parkland Health Regions. Securely brings five point-of-service systems together into a common viewer, so all region information on a patient is accessible to authorized physicians and other caregivers to patients in each region;
- Telehealth – Using live, two-way video-conferencing enables a patient to 'visit' with health care providers while in a location closer to home rather than having to travel; and,
- Physician electronic medical records – some physician offices are receiving laboratory results electronically, resulting in physicians providing more timely care to patients.

The 2011-12 accomplishments related to the operations of eHealth Saskatchewan are detailed in the following pages.

EHR Part I – EHR Provincial Data Repositories (EHR Components)

Provincial RIS/PACS (Diagnostic Imaging/Picture Archiving) Project

The Saskatchewan Radiology Information System (RIS) Implementation Project is a computer system for tracking patients and medical imaging procedures including exam scheduling, result reporting, and billing. The RIS interfaces with existing hospital information systems to securely capture patient demographics and the orders used to schedule and complete the exam. As exams are completed, a radiologist will interpret the images and record the results in the RIS. The RIS interfaces with the Picture Archiving and Communication System (PACS) to link images and the interpreted results, making both available to authorized users.

PACS interfaces with the medical imaging device (i.e.: X-ray, CT scan, MRI, ultrasound, etc.) to capture the digital image. Once captured, the image can be stored, archived, and securely shared over a computer network eliminating the use of traditional film as a presentation and storage medium.

In 2011-12, the Provincial RIS/PACS Project:

- implemented the PACS in Kelsey Trail Health Region (Melfort, Nipawin, Tisdale, Hudson Bay, Kelvington, Porcupine Plain) along with Stony Rapids in Athabasca Health Region in April of 2011;
- implemented the RIS and PACS in Heartland Health Region (Kindersley, Rosetown, Biggar, Outlook, Unity) in June of 2011;
- implemented a CommunityNet connection for Radiology Associates of Regina, and Saskatoon Medical Imaging (private clinics) in April of 2011 and September of 2011 respectively, in order to improve their capacity to provide remote diagnostic reading services for other health regions; and prepare for a future connection to the provincial PACS;
- implemented the PACS in Saskatoon Breast Screening office using Saskatoon Health Region's existing systems in October of 2011;
- implemented the PACS for CT, MRI, and Mammography in Regina Qu'appelle Health Region in October of 2011;
- on March 31, 2012, there were 2.78M studies and 224.9M images securely stored in the provincial PACS system and are accessible to clinicians across the province.

Progress in 2011 - 12

Pharmaceutical Information Program Drug Information System

The Pharmaceutical Information Program (PIP) securely manages medication information in the province. The primary goal of PIP is to improve quality of care by providing the information and tools authorized care providers need to make optimal drug therapy decisions.

During 2011-12, PIP completed further steps to integrate with electronic systems in community pharmacies and retail pharmacies including:

- move PIP to a more robust, highly available UNIX platform.
- after completing the pilot phase a total of 91 pharmacies are now integrated to CeRx messaging.
- the conformance volumes have been released to EMR software vendors and are actively developing their applications to integrate to PIP.
- began planning work to display dispensed drug information in the eHealth portal
- additional enhancements were made to the PIP software to:
  - continue enhancing the clinical information for both pharmacies and physicians offices
  - complying with HL7 Infoway standards
- as of March 31, 2012, records of 97.98M dispensed prescriptions were stored in PIP

Public Health Surveillance – Pan-Canadian Electronic Public Health Surveillance (Panorama)

Panorama is designed to manage public health concerns such as severe acute respiratory syndrome (SARS) and pandemic influenza, both within and across provinces.

Panorama supports the daily operational needs of population health management related to immunization, communicable disease investigations and outbreaks, inventory management, and family health.

In 2011-12, the Panorama Project:

- completed the detailed planning deliverables, from both the business and technical perspective;
- developed a Global Detailed Technical Design in preparation for installing Panorama and integrating it with eHS registries and infrastructure;
- signed the License and Maintenance agreements with IBM in order to receive access to Panorama code and artifacts;
- continued extensive stakeholder engagement with regional health authorities and First Nations public health professionals to decide on how Panorama will be configured and used by public health in Saskatchewan;
- set up an initial instance of Panorama in a development environment; and,
- developed a tool to assist with managing the extensive vocabulary in Panorama.

The Saskatchewan Lab Results Repository (SLRR)

SLRR is a provincial repository, which stores laboratory result records submitted by the Regional and Saskatchewan Disease Control Labs (SDCL). The SLRR Project provides timely and accurate laboratory test results to physician office computer systems and other secure locations using pan-Canadian standards. SLRR stores approximately 40,000 - 60,000 results daily and is the source of data for the provincial portal Lab viewer. SLRR is currently integrated with the provincial Shared Client Index (SCI) as well as with the Consent Management Service.

In 2011-12, work continued which included:

- results from Five Hills and Kelsey Trail Health Regions were added to SLRR and are now being distributed electronically. This is in addition to Saskatoon, Regina Qu'Appelle and Sunrise Health Regions, and results from SDCL. This now represents approximately 85% of all lab results in the province;

- provided electronic laboratory test results to 141 clinics and over 469 physicians. Rollouts to new clinics are continuing throughout 2012-13;
- implemented the eHealth Portal, a web-based viewer for laboratory results from SLRR and future clinical data from other repositories;
- extend the exiting query of SLRR to allow clinicians to search and retrieve lab records not currently being routed to that EMR; and,
- optimize the matching with SCI to automate any re-matching where a patient was not yet in SCI.

EHR Part II - Registries and Access Layer (The EHR "Glue")

The Health Information Access Layer (HIAL)

HIAL provides data normalization/ transformation to provincial standards as well as services to support data security, integration, auditing, alerting and consent management to help facilitate the secure and standardized transmission of health data between provincial data repositories and clinicians. In addition to its data transmission role province-wide, this layer has been designed to adhere to the Canada Health Infoway Blueprints to eventually connect the Saskatchewan provincial EHR to the pan-Canadian EHR.

In 2011-12 work continued which included:

- extending the existing services to add Pharmacy and Immunization data to the eHealth Portal; and,
- extending the transformation and integration services to support the saving and transmission of Clinical Document Architecture and Continuity of Care Documents.

Provider Registry System (PRS)

The Provider Registry System (PRS) stores and manages identification data about Saskatchewan health providers. The PRS is a standards based repository that identifies providers with a unique identifier. PRS facilitates the exchange of health information between participating organizations and forms one of the fundamental building blocks of the pan-Canadian Electronic Health Record (EHR).

PRS consistently identifies providers in the health system requesting access to the iEHR infostructure and supports the identification and location of providers providing health services to clients. For example, the Pharmacy Information Program uses Provider information and supports over 350 community pharmacies and the Ministry of Health.

PRS Sources:

- College of Physicians and Surgeons (CPSS);
- College of Dental Surgeons of Saskatchewan (CDSS);
- Saskatchewan College of Pharmacists (SCP);
- Saskatchewan Registered Nurses Association (SRNA);
- Saskatchewan Association of Optometrists (SAO);
- Midwife Association of Saskatchewan (MAS);
- Saskatchewan Ministry of Health; and,
- eHealth Saskatchewan.

PRS is a multi-jurisdictional initiative for which eHealth Saskatchewan has taken over the lead role from British Columbia.

Progress in 2011 - 12

Shared Client Index (SCI)

SCI operates as a province-wide client registry and provides identity management services to registration personnel and healthcare providers. SCI has a variety of users including the Ministry of Health, the regional health authorities (RHAs), the Saskatchewan Cancer Agency (SCA) and independent healthcare offices, practices and clinics such as a physician clinics or community clinics.

SCI performs the following functions:

- breaks down barriers between systems by accepting any type of data from disparate data sources;
- delivers outstanding performance with large volumes of data and numerous data sources; and,
- instantly and accurately locates and links all records about an individual across the health care system.

SCI will integrate with eHealth systems such as the Picture Archiving and Communications System (PACS), the Pharmaceutical Information Program (PIP) and the Saskatchewan Lab Results Repository Project (SLRR) by providing client identification services to those applications, creating a consistent, longitudinal, cross domain view of a client's health information.

SCI Information Sources:

- Saskatoon Health Region;
- Regina Qu'Appelle Health Region;
- Prince Albert Parkland Health Region;
- Five Hills Health Region;
- Sunrise Heath Region;
- Cypress Health Region;
- Prairie North Health Region;
- Sun Country Health Region;
- Kelsey Trail Health Region;
- Heartland Health Region;
- Mamawetan Churchill River Health Region;
- Person Health Registration System, Ministry of Health;
- Saskatchewan Cancer Agency; and,
- eHealth Saskatchewan.

Person Health Registration System Replacement Project

The Person Health Registration System is used to issue health services numbers and plastic health identification cards used at health care facilities in the province to provide health insurance.

In 2011-12, the Person Health Registration System Replacement Project:

- implemented the online registration functionality that allows persons moving to Saskatchewan to apply for their health cards over the internet;
- started development of online change functionality that will allow all residents of Saskatchewan to update their Health Registration information over the internet; and,
- successfully completed development of the functionality required to support Health Card Renewal in 2011.

Progress in 2011 - 12

EHR Part III - Provider Systems (EHR Access Points)

Integrated Clinical Systems Implementations (ICS) for Health Regions

ICS consists of several inter-related component systems that are deployed within a regional health authority. The goal of these systems is to make health care information securely available to authorized care providers within the health region in a more timely and accurate manner so that they can provide prompt patient care, which will in turn lead to improved patient outcomes.

The component systems include:

- Central Patient Index (CPI)/Registration – supports the business functions of uniquely identifying patients upon admission, transfer, and discharge as well as, capturing and storing information regarding patient demographics and visits.
- Laboratory – responsible for collecting and analyzing a large variety of specimens from patients (i.e. blood samples, tissue samples, biopsies), then reporting the results to clinicians, wards, and other agencies.
- Pharmacy – enables dispensing and distribution of drugs to patients by processing in hospital prescriptions using a common formulary. It also monitors and manages the inventory levels of drugs within a hospital.
- Home Care – automates the business functions providing service or assistance, by an approved home care service provider, to community-based clients.
- Long-term Care – enables long-term care staff to monitor the health and well-being of special-care home residents through the analysis of data on a month-to-month basis.
- Clinical View – provides a single system for clinicians (physicians and nurses) to view a patient's health information from several sources throughout a regional health authority. It also enables methods to monitor a patient's health status and document patient assessments, treatment, progress, and outcomes.

In addition, ICS implements electronic interfaces that enable information sharing across these systems.

In 2011-2012, the following were completed:

- Central Patient Index (CPI) / Registration
  - expanded this system to other facilities throughout the province including: St. Joseph's Hospital of Estevan in Sun Country Health Region and several facilities (Cumberland, Naicam, Rose Valley, Smeaton) in the Kelsey Trail Health Region.
- Laboratory
  - Implementation of the new Laboratory Information System in Kelsey Trail (Melfort, Tisdale, Nipawin, Kelvington, Porcupine, Hudson Bay), Sun Country (Weyburn), and Mamawetan Churchill River (La Ronge) Health Regions.
- Home Care
  - implementation of the MDS Assessment component for the Mamawetan Churchill River Health Region (La Ronge) in January of 2012.
- Clinical View
  - provided additional software licenses to enable the expansion of the Clinical View system in both the Saskatoon Health Region and the Regina Qu'Appelle Health Region; and,
  - implementation of a tracking board along with a standardized, electronic triage process in the emergency department at the Yorkton Regional Health Centre in the Sunrise Health Region in January of 2012.

Progress in 2011 - 12

The Laboratory Information System (LIS) Replacement Project

LIS facilitates the ordering of lab tests for patients, managing lab test data throughout the lab processing cycle, and generating and distributing result reports to clinicians, wards, and other agencies.

The Project will replace the current regional LIS as the existing solution is being retired by the vendor. The new solution is consistent with the software currently used by Regina Qu'Appelle and Saskatoon Health Regions.

In 2011-12, the LIS Project:

- implemented the new lab system in the following Health Regions:
  - Kelsey Trail

    Melfort Hospital
    Tisdale Hospital
    Nipawin Hospital
    Kelvington Hospital,
    Porcupine Carragana Hospital
    Hudson Bay Health Care Facility
  - Sun Country

    Weyburn General Hospital
  - Mamawetan

    LaRonge Health Centre
- Work-in-progress on the following Health Regions:
  - Prairie North

    Battlefords Union Hospital
    Lloydminster Hospital
  - Prince Albert

    Victoria Hospital
  - Cypress

    Cypress Regional Hospital

Electronic Medical Record (EMR)

An EMR is a secure computer-based system that enables the development of an electronic record of patient health information (also called an electronic medical chart) within a physician's office. The information collected may include demographics, medical conditions and diagnoses, medications, immunizations, laboratory data, radiology reports, and other medical information.

An EMR allows primary care practices to set up flowsheets containing cues to help focus the visit, and allows physicians to schedule patients and bill for services electronically.

All EMRs selected and approved by the Saskatchewan Medical Association will have the capability of connecting with the provincial EHR to exchange information, as various systems become available within the EHR.

In 2011-12 the EMR Project:

- had a total of 652 physicians in 194 clinics adopt an EMR. This is 51 per cent of eligible fee-for-service physicians and in line with the provincial goal of 50 per cent; and,
- in conjunction with the SLRR Project completed the successful distribution of laboratory results for a total of 515 physicians in 145 clinics representing 79 per cent of EMR practices.

Progress in 2011 - 12

Primary Health Care (PHC) Services

PHC is the day-to-day care needed to protect, maintain, or restore our health. For most people, it is both their first point of contact with the health care system and their most frequently used health service. PHC events account for about 80 per cent of all interactions in our health care system, making the delivery of effective PHC services critical to the success of our entire health care system. One method of providing these services is through the use of Primary Care Teams. Enabling these teams with technology enhances communication between team members, thus improving patient care delivery, and the overall patient experience. The PHC Project is responsible for implementing Primary Health Care Solution (PHCS), which is an electronic medical record system for PHC teams across the province.

In 2011-2012, the PHC Project:

- implemented the PHC Solution (Med Access EMR) in for the following 15 clinics: Strasbourg, Craik, 4 Directions, White Buffalo Youth Lodge, Nutana Collegiate, Duck Lake, Mobile Bus, Regina Community Clinic, Goodsoil, Mossbank, Kincaid, Prince Albert Cooperative Health Centre, Nipawin Medical Clinic, Nipawin Health Centre, and Smeaton. In addition, implementations were done for a group of COPD Clinicians in Saskatoon and a group of allied health professionals in Central Butte;
- assisted two clinics with their physical relocation, reassessing their workflow and providing additional training to accommodate the workflow changes;
- increased the total number of individuals who have been trained and are using the EMR up to 650;
- developed an Account Management User Guide along with recommended policies and procedures to aid the PHC organizations to manage their own environment;
- established two new user groups to represent PHC teams and provide guidance, direction, and standards for all PHC implementations in the province; the Billing Advisory Committee and the Site Administrators Group. Continued hosting user group meetings with these groups as well as the Clinical Advisory Committee;
- Published the Clinical Advisory Committees first recommendations regarding documentation standards;
- completed the Privacy Impact Assessment amendment to support integration to the Saskatchewan Lab Results Repository;
- integrated the first two teams with the Saskatchewan Lab Results Repository.

Surgical Information System Project (SIS)

The SIS Project will replace current computerized and manual paper-based surgical services systems at seven regional health authorities. SIS supports surgical waitlists by integrating with the Saskatchewan Surgical Care Network (SSCN) Surgical Registry.

Two systems are being integrated with existing admitting, discharge, and transfer (ADT) and materials management systems to support surgical bookings, electronic charting, surgical supply chain management and patient-resource management.

In 2011-12, the SIS Project:

- implemented SIS at Lloydminster and North Battleford Union Hospitals in Prairie North Health Region;
- completed initial surgeon office roll-out of SIS at Lloydminster Hospital;
- implemented SIS at Moose Jaw Union Hospital in Five Hills Health Region;
- initiated the surgical supply implementation phase at Pasqua and Regina General Hospitals in Regina Qu'Appelle Health Region; and,
- initiated the operating room implementation phase at Royal University, Saskatoon City and St. Paul's Hospitals in Saskatoon Health Region.

Progress in 2011 - 12

Canada Health Infoway Investment

Canada Health Infoway primarily funds the strategic development and adoption of EHRs. Infoway investments are directed towards improving the quality, accessibility, safety and productivity of Canada's health care system. eHealth's collaboration with Infoway ensures that the province's EHR and infrastructure investments provide improved patient care and organizational efficiencies as well as the ability for a pan-Canadian interoperable EHR.

Infoway is an independent, non-profit, strategic investor that receives its funding from the federal government.

eHealth leveraged $6.0M of project funding for EHR related projects in 2011-12 from Infoway.

In total, eHealth has signed agreements with Infoway for $70.0M. To date, eHealth has received $56.0M and will access the remaining $14.0M, primarily for EHR-Lab, Public Health Surveillance, Diagnostic Imaging, and Electronic Medical Record projects in the future.

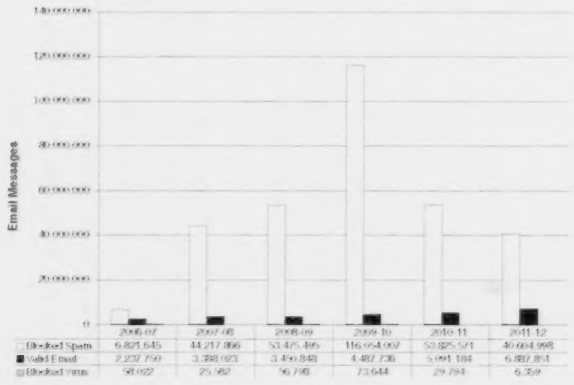
Supporting the Electronic Communication Needs of the Ministry of Health and of Health Care Providers in the Regions

Technology Support services

eHealth maintains a secure network that provides authorized health care professionals with access to clinical information systems, supports the Telehealth network and provides e-mail infrastructure to all health regions and retail pharmacies across the province.

The network filters e-mail and blocks viruses and spam (junk e-mail and unsolicited bulk messages) from user's electronic mailboxes. Spam clogs up large amounts of bandwidth, increases fraud, and decreases productivity. Most Internet spam can be categorized as marketing pitches, pornography, scams, and hoaxes. The effectiveness of eHealth Saskatchewan's spam management tools is shown in Figure 3, Spam Management.

Figure 3:
SPAM Management



Progress in 2011 - 12

Service Desk

The Service Desk serves the Ministry of Health and health care staff across the province by providing end-user assistance with computer problems and questions.

The Service Desk supports:

- all health regions;
- the College of Physicians and Surgeons of Saskatchewan;
- the Saskatchewan Cancer Agency;
- the Department of Family Medicine at the College of Medicine;
- the Saskatchewan Registered Nurses' Association;
- the Saskatchewan Association of Health Organizations (SAHO); and,
- the Ministry of Health.

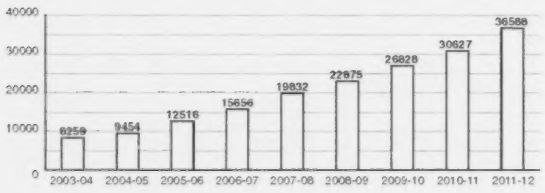
As of March 31, 2012, 36,588 health care staff had access to the service desk; an increase of over 19 per cent, or 5,961 users, over March 31, 2011. (See Figure 4, eHealth Saskatchewan Customer Growth).

Of the 114,398 incidents and requests reported during the fiscal year, 32,928 (29%) were dealt with by regional technical resources. The remainder were managed by the eHealth Service Team, thereby reducing the demand on resources in the health sector.

- 52% (59,975) of the incidents and requests reported were resolved at the tier 1 level by the eHealth Saskatchewan Service Desk.

In the 2011-12 annual survey of Service Desk system users, 95% of the respondents rated their overall satisfaction with the eHealth Service Desk as Satisfactory or better with 86% selecting Good or Excellent.

Figure 4:
eHealth Saskatchewan Customer Growth



Privacy and Security

eHealth Saskatchewan is subject to The Freedom of Information and Protection of Privacy Act (FOIP) and The Health Information Protection Act (HIPA) (http://www.health.gov.sk.ca/hipa-your-rights). Compliance with FOIP and HIPA are a priority and as a health information trustee and an information management service provider, eHealth Saskatchewan ensures that it has the highest standards in privacy protection and security of personal health information. Privacy and security is strongly promoted within the organization, and provisions are integrated into all eHealth Saskatchewan initiatives and operations.

Privacy Protection

Contracts and agreements with Saskatchewan health care organizations and service providers stipulate privacy protection as a top priority.

Project teams and program areas utilize the expertise of privacy professionals and tools such as Privacy Impact Assessments (PIAs). A PIA identifies risks and vulnerabilities associated with collection, modification, disclosure, storage, retention and disposal of personal health information. A PIA evaluates existing privacy protection and identifies alternative processes to mitigate potential privacy risks. It provides an analysis of how personal health information is managed to conform to privacy legislation, regulations, policies, procedures and best practices. The PIA process ensures strict attention is paid in the design of all eHealth Saskatchewan projects and services to protect the confidentiality and integrity of data from accidental or deliberate threats. Accountability for privacy is incorporated to ensure every program and project complies with legislation including HIPA and FOIP.

eHealth Saskatchewan participates as a member of Canada Health Infoway's pan-Canadian Privacy Forum on Electronic Health Record Information Governance, Canada Health Infoway's pan-Canadian Health Information Privacy Officer Forum and the Government of Saskatchewan privacy/ security awareness month.

Progress in 2011 - 12

Security

eHealth Saskatchewan maintains standards, guidelines, operational technology and controls to protect against threats; ensuring the confidentiality, integrity and availability of information and services.

Security is maintained through firewalls, intrusion-detection software, virus-detection measures, server isolation, user access controls and encryption. The architecture is designed to limit, control and monitor the access of information to approved individuals.

Authentication procedures ensure that access is only available to authorized personnel. Audit trails indicate when and who has accessed data.

eHealth Saskatchewan works closely with other provinces, the Canadian Organization of Applied Computers in Health (COACH) and Canada Health Infoway to improve information security standards.

As technology advances and requirements evolve, eHealth Saskatchewan continues to evaluate technologies, emerging standards, industry best practices, and project initiatives to ensure that they adequately reflect practical goals and objectives.

Data Centre

The landscape has changed significantly since the consortium partners selected the preferred product solution for the Regina Shared Data Center Initiative, with respect to both the consortium members and the vendor partners. In addition, eHealth Saskatchewan's data center requirements have changed since the original RFP was issued. As a result, eHealth Saskatchewan made the decision to withdraw from the procurement and move forward with a new procurement for Tier III data center space to meet their new requirements.

Monitoring

Significant effort has been put forth to establish network and application monitoring, reporting, alerting and logging systems, enabling eHealth Saskatchewan to proactively monitor the environment, resulting in faster response times, quicker resolutions and aids in future capacity planning.

CommunityNet

CommunityNet continues to expand coverage and increase bandwidth throughout the province. Additional network connections are scheduled at health facilities around the province to expand the delivery of technology solutions to health care services.

Management's Responsibilities

The accompanying financial statements included in the Annual Report for the year ended March 31st, 2012, are the responsibility of management.

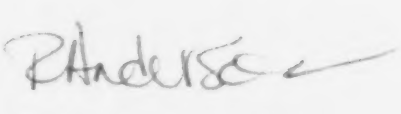
Management has prepared these financial statements in accordance with generally accepted accounting principles in Canada, consistently applied using management's best estimates and judgments where appropriate.

The eHealth Saskatchewan Board is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements. His report to the members of the Legislative Assembly precedes the financial statements.

Susan Antosh
Chief Executive Officer



Roseann Anderson, CMA
VP, Finance and Administration

2011 - 12 Financial Overview

The Treasury Board Crown Corporation eHealth Saskatchewan is responsible for setting and approving the yearly financial plan for the corporation. For 2011-12, eHealth Saskatchewan's financial position showed significant increase with the acquisition of tangible capital assets at $18,111,000.

For 2011-12, eHealth Saskatchewan is reporting an annual deficit of $2,642,000, which will be described in the paragraphs below.

Revenue

eHealth Saskatchewan (eHealth) received funding from multiple sources. Grants from the Saskatchewan Ministry of Health for 2011-12 were budgeted at $68,222,000; this includes eHealth's yearly grant, utilization of deferred revenue and revenue for the expenditures associated with providing operational information technology services to the Ministry of Health. Actual revenue of $58,074,000 resulted in lower than expected revenues of $10,148,000. The variance is due largely to deferred funding to be used for development of the EHR that was not required in 2011-12. This deferred revenue will continue to be available in 2012-13.

Canada Health Infoway (Infoway) provides funding to accelerate the implementation and adoption of EHR initiatives in Canada. Funding from Infoway provides for one-time investments in new technology, software, infrastructure and implementation service fees. 2011-12 Infoway funding totalled $6,074,000 and compares to budgeted revenue in the amount of $8,443,000 resulting in lower than expected revenues of ($2,369,000). This variance results from projects not spending as much as anticipated to complete deliverables. Any approved funding from Infoway that was not utilized will continue to be available in 2012-13.

Recoveries revenue is $5,904,000, compared to budgeted revenue of $6,114,000. The lower revenues result from services eHealth provides on behalf of other agencies being less than budgeted.

Other revenue is $539,000, compared to budgeted revenue of $271,000. The higher revenue resulted from increased interest revenue and increased revenue associated with managing the inter-jurisdictional provider registry program for providing host service.

Amortization

eHealth Saskatchewan budgets use the cash flow method and therefore has not budgeted amortization.

Corporate Services

Corporate Services for 2011-12 reported expenditures of $1,598,000 compared to budgeted expenditures of $1,884,000, an under spend of $286,000. Expenditures from Corporate Services include program areas such as privacy and change management. The majority of the variance can be attributed to difficulty in recruiting skilled staff.

eHealth & Business Services

eHealth and Business Services for 2011-12 reported expenditures of $5,153,000 compared to budgeted expenditures of $6,062,000, an under spend of $909,000. Expenditures from eHealth and Business Services include program areas such as provider and client registries, business analysts and standards. The variance results from under spends in staffing and professional services due to turnover in staff and difficulty in recruiting skilled staff and software maintenance.

Finance

Finance reported expenditures of $2,554,000 for 2011-12 compared to budgeted expenditures of $3,404,000, an under spend of $850,000. Expenditures from Finance include accommodation costs, administration costs and legal services. The variance can be attributed to staff vacancies and additional space not procured.

2011 - 12 Financial Overview

Board and Executive Offices

Board and Executive Offices reported expenditures of $938,000 for 2011-12 compared to budgeted expenditures of $1,258,000, an under spend of $320,000. Expenditures from Board and Executive Offices include board remuneration, salaries and facilities costs for meetings. The variance can be attributed to staff vacancies in areas such as human resources and communications

Operations

Operations for the 2011-12 year reported expenditures of $38,602,000 compared to budgeted expenditures of $42,493,000, an under spend of $3,891,000. Operation costs support the core business activities of eHealth Saskatchewan and include contracted resources for service desk, application support, knowledge management, server, security and network resources.

The variance results from staffing and professional services reporting an under spend of $2,079,000 attributed to turnover in staff and difficulty in recruiting skilled staff, an underspend of $864,000 in hardware purchases and maintenance and finally an underspend of $1,057,000 related to communication charges.

Project Services

Project Services reported expenditures of $4,477,000 for 2011-121 compared to budgeted expenditures of $4,670,000, an under spend of $193,000. Expenditures from Project Services include the project services office and projects which are expensed rather than capitalized.

Auditor's Report

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of eHealth Saskatchewan which comprise the statement of financial position as March 31, 2012, and the statement of operations, statement of changes in net financial assets and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

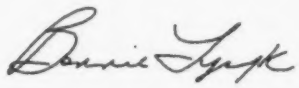
My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2012, and the results of its operations, changes in net financial assets and cash flows for the year then ended in accordance with Canadian public sector accounting standards.



Regina, Saskatchewan
July 12, 2012

Bonnie Lysyk, MBA, CA
Provincial Auditor

Statement 1

eHealth Saskatchewan
Statement of Financial Position
as at March 31

	(thousands of dollars) 2012	2011
Financial Assets		
Due from General Revenue Fund (Note 3)	$ 19,552	$ 24,618
Receivable from Saskatchewan Health	5,512	9,183
Other Accounts Receivable	3,548	10,441
	28,612	44,242
Liabilities		
Accounts Payable and Accrued Liabilities	6,273	5,893
Accrued Salaries & Benefits	89	284
Accrued Vacation	205	168
Deferred Revenue (Note 11)	21,755	35,193
Obligations Under Capital Leases	196	464
	28,518	42,002
Net Financial Assets (Statement 3)	**94**	**2,240**
Non-financial Assets		
Tangible Capital Assets (Note 5)	59,798	61,598
Prepaid Assets	4,680	3,376
	64,478	64,974
Accumulated Surplus (Statement 2)	$ 64,572	$ 67,214

(See accompanying notes to financial statements)

Approved by the Board of Directors

Statement 2

eHealth Saskatchewan
Statement of Operations
for the year ended March 31

(thousands of dollars)

	2012 (Budget-Note 4)	2012 Actual	2011 Actual
Revenue			
Ministry of Health Funding	$ 68,222	$ 58,074	$ 42,325
Canada Health Infoway Funding	8,443	6,074	11,040
Recoveries	6,114	5,904	4,089
Other Revenue	271	539	422
Total Revenue	83,050	70,591	57,876
Expenses			
Amortization	-	19,911	17,321
Corporate Services	1,884	1,598	1,393
eHealth & Business Services	6,062	5,153	3,835
Finance	3,404	2,554	1,514
Board and Executive Office	1,258	938	146
Ongoing Operations	42,493	38,602	30,754
Project Services	4,670	4,477	2,358
Total Expenses (Schedule 1)	59,771	73,233	57,321
Annual (Deficit)/Surplus	$ 23,279	(2,642)	555
Accumulated Surplus, at beginning of year		67,214	66,659
Accumulated Surplus, at end of year (Statement 1)		$ 64,572	$ 67,214

(See accompanying notes to financial statements)

Statement 3

eHealth Saskatchewan
Statement of Change in Net Financial Assets
for the year ended March 31

(thousands of dollars)

	2012	2011
Annual (Deficit)/Surplus	$ (2,642)	$ 555
Acquisition of Tangible Capital Assets	(18,111)	(15,458)
Amortization of Tangible Capital Assets	19,911	17,321
	1,800	1,863
Use of Prepaid Assets	(1,304)	(728)
	(1,304)	(728)
(Decrease)/Increase in Financial Assets	(2,146)	1,690
Net Financial Assets at beginning of year	2,240	550
Net Financial Assets at end of year (Statement 1)	$ 94	$ 2,240

(See accompanying notes to financial statements)

Statement 4

eHealth Saskatchewan
Statement of Cash Flows
for the year ended March 31

(thousands of dollars)

	2012	2011
Cash Flows From Operating Activities		
Cash Receipts	$ 67,717	$ 57,759
Cash Paid To Suppliers And Others	(54,404)	(41,080)
Increase due to Operating Activities For The Year	13,313	16,679
Cash Flows From Investing Activities		
Purchase Of Tangible Capital Assets	(18,111)	(15,458)
Decrease due to Investing Activities For The Year	(18,111)	(15,458)
Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	(268)	(408)
Decrease due to Financing Activities For The Year	(268)	(408)
Net (Decrease)/Increase In Due From General Revenue Fund	(5,066)	813
Due From General Revenue Fund, Beginning Of The Year	24,618	23,805
Due From General Revenue Fund, End Of The Year	$ 19,552	$ 24,618

(See accompanying notes to financial statements)

Notes to the Financial Statements

eHealth Saskatchewan
Notes to the Financial Statements
for the year ended March 31, 2012

(thousands of dollars)

1. Description of Business

Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of *The Crown Corporations Act, 1993* (Act) effective August 19, 1997.

SHIN was renamed to eHealth Saskatchewan by Order in Council 734/2010

eHealth Saskatchewan (eHealth) was created to design, implement, own, operate, and manage a provincial health information network. eHealth's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board (PSAB), eHealth is classified as an other government organization. eHealth uses Canadian generally accepted accounting principles applicable to governments. The following principles are considered to be significant:

a) The Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

b) Revenue

Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues, amounts are known and collection is reasonably assured.

c) Expenses

Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d) Tangible Capital Assets

Tangible capital assets are recorded at cost and are amortized over their useful life. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Desktop Computer Hardware	33%
Computer Software	33%
Network Hardware, Software & System Development costs	20%
Office Equipment	20%
Office Furniture	10%

e) Non-financial assets

Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

f) Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known.

g) Future Accounting Policy Change

Government transfers with restrictions are currently recorded in accordance with the Canadian Institute of Chartered Accountants Public Sector Accounting Standards (PSAB) PS3100; Restricted Assets and Revenues. This section will no longer be applicable with the adoption of the new Government Transfers section; PSAB PS3410, which will come into effect April 1, 2012. eHealth is currently examining the implications of the new standard on the recognition of revenue in the future (see Note 11).

3. Due from the General Revenue Fund

eHealth's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan.

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Corporation's bank account using the Government's thirty-day borrowing rate and eHealths' average daily account balance. The Government's average thirty-day borrowing rate in 2012 was 1.05% (2011 - 0.80%).

4. Budget Approval

eHealth's budget is approved by the Board.

5. Tangible Capital Assets

	2012							2011
	Desktop Computer Hardware & Software	Computer Network Hardware	Licensed or Multiple Application Software	Office Furniture & Equipment	System Development Costs	Work In Progress System Development	Total	Total
Opening Cost	$ 1,074	$ 9,823	$ 11,164	$ 1,217	$ 118,104	$ 6,266	$ 147,648	$ 132,190
Additions During the Year	-	560	1,300	109	-	16,143	18,112	15,458
WIP moved into Production	-	-	-	-	16,020	(16,020)	-	-
Disposals	-	-	-	-	-	-	-	-
Closing Cost	1,074	10,383	12,464	1,326	134,124	6,389	165,760	147,648
Opening Accumulated Amortization	1,074	7,696	7,909	994	68,379	-	86,052	68,729
Annual Amortization	-	795	916	135	18,064	-	19,910	17,321
Disposals	-	-	-	-	-	-	-	-
Closing Accumulated Amortization	1,074	8,491	8,825	1,129	86,443	-	105,962	86,050
Total Tangible Capital Assets	$ -	$ 1,892	$ 3,639	$ 197	$ 47,681	$ 6,389	$ 59,798	$ 61,598

Notes to the Financial Statements

6. Maintenance Agreements for Software

eHealth has several agreements with software vendors to provide maintenance for software that has been purchased by eHealth. A total of $14,635 was spent in 2012 (2011 - $11,462) and $4,680 (2011 - $3,029) is commited for the current year and will likely continue into the future.

7. Related Parties

These financial statements include routine transactions with related parties. eHealth is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, 2012, include the following:

	2012	2011
Revenue		
Regional Health Authorities	$ 4,263	$ 2,848
Health Quality Council	6	7
Saskatchewan Association of Health Organizations	100	46
Saskatchewan Cancer Agency	140	65
Saskatchewan Ministry of Finance	266	150
Saskatchewan Ministry of Health	46,046	52,051
Accounts Receivable		
Regional Health Authorities	547	437
Health Quality Council	-	-
Saskatchewan Association of Health Organizations	100	16
Saskatchewan Ministry of Health	4,511	9,183
Expenditures		
Regional Health Authorities	2,000	1,201
Health Quality Council	-	-
Ministry of Government Services	3,812	2,122
Saskatchewan Association of Health Organizations	126	147
Saskatchewan Cancer Agency	-	-
Saskatchewan Opportunities Corporation	888	870
SaskTel	2,674	2,172
Saskatchewan Workers' Compensation Board	54	3
Accounts Payable		
Regional Health Authorities	279	190
Saskatchewan Opportunities Corporation	16	4
Ministry of Government Services	374	215
Saskatchewan Association of Health Organizations	75	8
SaskTel	618	169

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

Notes to the Financial Statements

8. Financial Instruments

eHealth's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short-term nature. These instruments have no interest or credit risk.

9. Capital Lease

eHealth currently has four capital leases on equipment with certain Canadian financial service companies. The minimum annual lease payments for the capital lease over the remaining two years are as follows.

2013	$	216
2014		1
Total Minimum Lease Payments		217
Less Amount Representing Interest		4
Total Obligation		213
Less Expense Related to Maintenance		17
Balance of the Obligation	$	196

10. Operating Lease

eHealth has entered into a lease agreement with Saskatchewan Opportunities Corporation, a related party, for office space, which expires on April 30, 2014. The operating lease payments for the remaining three years are as follows:

2013	$	1,035
2014		1,035
2015		86
Total Lease Payments	$	2156

Notes to the Financial Statements

11. Deferred Revenue

As of March 31, 2012, eHealth's deferred revenue balance is $21,755 (2011 - $35,193). Deferred revenue is only used once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities (such as Canada Health Infoway) are maximized. The deferred revenue consists of unspent amounts provided by the Ministry of Health and Canada Health Infoway, which are commited to developing information technology systems that support frontline delivery, improve access, quality and efficiency of care.

Deferred Revenue	April 1, 2011	2011-12 Expenditures	Amounts Received	March 31, 2012
First Ministers Funding				
ESP Staff Scheduling Project	$ 622	$ 289	$ -	$ 333
Total First Ministers Funding	622	289	-	333
Other Deferred Revenue				
Canada Health Infoway	2,607	2,084	-	523
Saskatchewan Health Pay Forward	25,459	15,078	-	10,381
Acute and Emergency System Enhancements	420	166	1,500	1,754
Community System Enhancements	750	130	282	902
Drug Plan System Enhancements	2,321	1,140	1,000	2,181
Physician Payment System Enhancements	560	-	-	560
Provider Registry Host Agency	519	554	222	187
Saskatchewan Surgical Initiatives	1,935	1,201	2,200	2,934
Chronic Disease Management	-	-	2,000	2,000
Total Other Deferred Revenue	34,571	20,353	7,204	21,422
Total Deferred Revenue	**$ 35,193**	**$ 20,642**	**$ 7,204**	**$ 21,755**

12. Commitments

As of March 31, 2012, eHealth is commited to developing information technology applications totalling $2,777 (2011 - $3,341) and technical support for internal and regional IT systems totalling $34,497 (2011 - $37,102). The following table outlines the funds dedicated for capital and operational expenditures.

Commitments	Total Budgeted Costs	Total Expenditures March 31, 2012	Total Commitments March 31, 2012
Capital Projects	$ 3,293	$ 516	$ 2,777
Operational Services	53,482	18,981	34,497
Total Commitments	$ 56,775	$ 19,497	$ 37,274

13. Comparative Figure Note

Prior year figures have been reclassified to conform to current year presentation.

Schedule 1

eHealth Saskatchewan
Schedule of Expenses by Object
for the year ended March 31

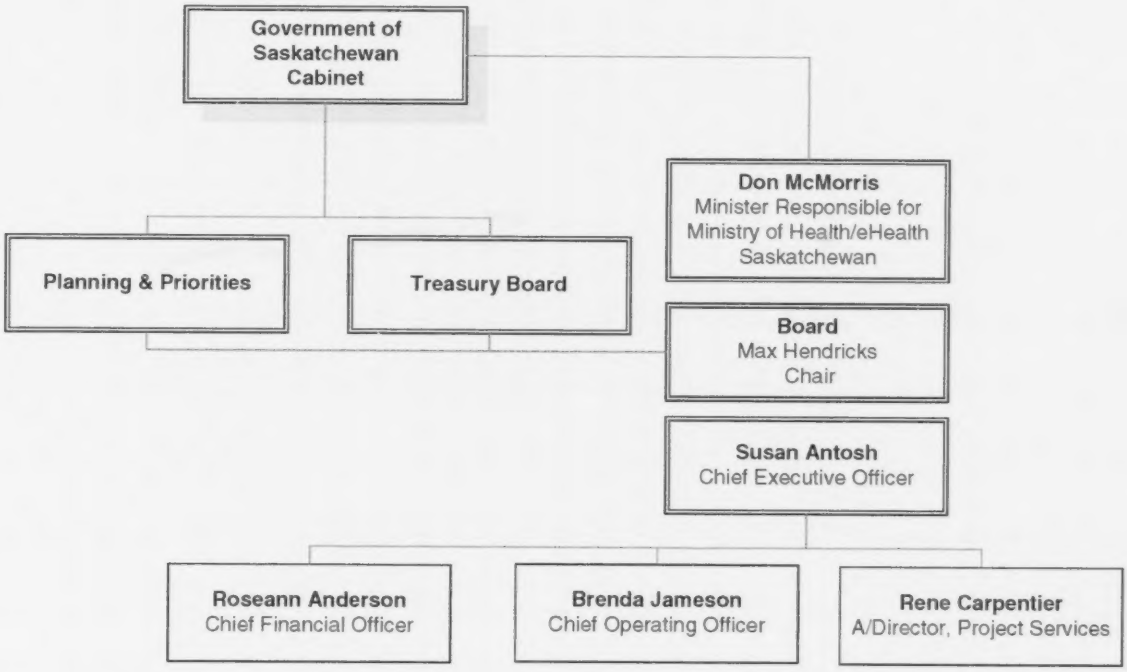
(thousands of dollars)

	2012	2011
Amortization	$ 19,911	$ 17,321
Board	1	1
Cabling	18	26
Community Net	5,323	3,003
Connectivity / Communications	437	906
Electrical	115	216
Facilities	29	61
Hardware Maintenance	612	533
Hardware Purchases	1,504	149
Infrastructure Leases	94	427
Insurance	14	8
Legal	478	324
Membership & Subscription	113	11
Miscellaneous	116	39
Office Supplies	135	62
Parking	80	72
Professional Fees	23,013	20,584
Rent	1,040	1,064
Salaries & Benefits	5,805	720
Software Licenses	(105)	448
Software Maintenance	14,023	11,073
Telephone & Long Distance	198	99
Travel	278	174
	$ 73,233	$ 57,321

Appendix I

Organizational Structure

eHealth Saskatchewan Organizational Chart



Appendix II

Acronyms

AVERT	Application Verification Toolkit
CDM	Chronic Disease Manager
CEO	Chief Executive Officer
CeRx	pan-Canadian drug information system message standard
CIO	Chief Information Officer
COACH	Canadian Organization of Applied Computers in Health
COPD	chronic obstructive pulmonary disease
CT scan	Computed Axial Tomography (also known as a CAT scan)
DIS	Drug Information System
EHR	electronic health record
EMR	physician electronic medical record
HISC	Health Information Solutions Centre
HQC	Health Quality Council
HSN	health services number
ICS	Integrated Clinical Systems
LIMS	Laboratory Information Management System
LIS	Laboratory Information System
MRI	magnetic resonance imaging
OIPC	Office of the Saskatchewan Information and Privacy Commissioner
PACS	Picture Archiving and Communication System
PAQC	Patient Access to Quality Care Project
PHI	personal health information
PIA	Privacy Impact Assessment
PIP	Pharmaceutical Information Program
PRS	Provider Registry System
RIS/PACS	Radiology Information System Picture Archiving and Communication System
SAHO	Saskatchewan Association of Health Organizations
SDCL	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
SHIN	Saskatchewan Health Information Network
SIS	Surgical Information System
SLRR	Saskatchewan Laboratory Results Repository Project
SMA	Saskatchewan Medical Association
SSCN	Saskatchewan Surgical Care Network (Surgical Registry)